

OFFICE USE	Illinois MC #
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1. Business Type: (Check one) ? Sole Proprietorship ? Partnership ? Corporation – State of Incorporation _____							
2. Full Legal Name of Transferor/License Holder:				3. ICC MC NO.:		4. FEIN/SSN:	
5. Trade Name: (DBA)				6. MAILING ADDRESS: (Street and Number)			
10. Business Address: (Street and Number)				7. City:		8. State:	
11. City:				12. State:		9. Zip Code:	
11. City:				13. Zip:		14. Business Telephone:	
16. Full Legal Name of Transferee/Purchaser:				17. ICC MC NO.:		15. Business telefax:	
19. Trade Name: (DBA)				18. FEIN/SSN:			
24. Business Address: (Street and Number)				20. MAILING ADDRESS: (Street and Number)		21. City:	
25. City:				22. State:		23. Zip Code:	
25. City:				26. State:		27. Zip:	
30. Partners or Corporate Officers: Partnerships and corporations` only. (Attach additional pages if necessary.)				28. Business Telephone:		29. Business Telefax:	
Name:				Title:		A/C ()	
Name:				Title:		A/C ()	
31. U.S. Department of Transportation (DOT) Census Number If applicable:							
32. INSURANCE INFORMATION (NOTE: This section must be completed by all motor carriers. Form E: The amounts in parentheses represent the minimum amount of bodily injury and property damage insurance you must maintain. Form N: The minimum amount of cargo insurance coverage is \$10,000.00 unless a cargo insurance waiver affidavit is filed.)							
In this application, do you seek to haul hazardous materials? Yes_____ No_____							
Do you currently transport hazardous materials? Yes_____ No_____							
A. Motor carrier of property applicants: (check only one)							
Will use ONLY vehicles having gross vehicle weight ratings (GVWR) under 10,000 pounds; and							
___ 1. Will transport commodities other than those listed in (2) below (\$300,000), or							
___ 2. Will transport any Class A or 8 explosives or poison gas or highway quantity controlled radioactive materials (\$5,000,000).							
Will use ANY vehicles with GVWR of 10,000 pounds or more to transport:							
___ 3. Non-hazardous commodities (\$750,000).							
___ 4. Hazardous materials other than those described in (5) below (\$1,000,000).							
___ 5. Commodities set forth in 49 C.F.R. 1043.2(b)(2)(b) or (d) (\$5,000,000).							
CERTIFICATE AND INSURANCE FEES				Mo	Day	Yr.	Quantity
33. Intrastate cab card (one required for each vehicle). Expires:				12	31		Unit Cost
34. Certificate processing fee.							Total
35. Insurance filing fee (Form E insurance certificate filed in triplicate)							
36. Total remittance (add items 33-35). Make check payable to Illinois Commerce Commission/TRF. (U.S. funds only.)							
37. Certifying Statement and Signature. we, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicants. Signatures below authorizes the Illinois Commerce Commission to lower the amount of the check if fees submitted exceed the correct amount. A power of attorney form is required with a processing agent signature.							
Transferor Signature: _____ Position/Title: _____ Date: _____							

Transferor Signature: _____ Position/Title: _____ Date: _____

STATE OF ILLINOIS/ILLINOIS COMMERCE COMMISSION
APPLICATION FOR NON-HEARING TRANSFER OF PUBLIC CARRIER
CERTIFICATE

GENERAL INSTRUCTIONS

- Item 1. Select the correct business type. Place a check mark on the form in the appropriate box. Check only one. If the state of incorporation is different from item 12, enter new state in space provided.
- Item 2. Sole Proprietorship: First name, middle initial and last name.
Partnership: The legal name of the partnership exactly as it appears on the partnership's agreement.
Corporation: The corporate name exactly as listed on the corporation's charter or other legal document creating the corporation.
- Item 3. Federal ICC motor carrier number.
- Item 4. Sole Proprietorship: Federal Employee Identification Number (FEIN). If the applicant is not required to have a FEIN, enter the applicant's Social Security Number (SSN).
Partnership: Partnership's Federal Employee Identification Number (FEIN).
Corporation: Corporation's Federal Employee Identification Number (FEIN).
- Item 5. Trade name, if any, and if different from the legal name in item 2 above. The trade name should be entered exactly as last registered with the state or local governing body which regulates trade or business names in your locality.
- Items 6-9. Mailing address. This space may be used for a post office box or terminal address.
- Items 10-13. Address of principal place of business. This address must be the actual physical location of the business. Do not use P.O. box number, permitting agent, re-mailing service or terminal addresses in this space.
- Item 14. Business telephone number.
- Item 15. Business telefax number.
- Item 16. Sole Proprietorship: First name, middle initial and last name.
Partnership: The legal name of the partnership exactly as it appears on the partnership's agreement.
Corporation: The corporate name exactly as listed on the corporation's charter or other legal document creating the corporation.
- Item 17. Federal ICC motor carrier number.
- Item 18. Sole Proprietorship: Federal Employee Identification Number (FEIN). If the applicant is not required to have a FEIN, enter the applicant's Social Security Number (SSN).
Partnership: Partnership's Federal Employee Identification Number (FEIN).
Corporation: Corporation's Federal Employee identification Number (FEIN).
- Item 19. Trade name, if any, and if different from the legal name in item 16 above. The trade name should be entered exactly as last registered with the state or local governing body which regulates trade or business names in your locality.
- Items 20-23. Mailing address. This space may be used for a post office box or terminal address.
- Items 24-27. Address of principal place of business. This address must be the actual physical location of the business. Do not use P.O. box number, permitting agent, re-mailing service or terminal addresses in this space.
- Item 28. Business telephone number.
- Item 29. Business telefax number.
- Item 30. For partnerships and corporations: Enter name and title of each partner or corporate officer. Attach additional pages if necessary.
- Item 31. Enter your U.S. Department of Transportation census number.
- Item 32. Answer the two questions regarding hazardous materials by checking either yes or no for EACH question. Under "A", mark only ONE statement that accurately describes the ONE vehicle with the highest GVWR and the ONE vehicle that hauls the specific commodity's listed with the highest liability limit.
- Item 33. Enter quantity of intrastate cab cards ordered and multiply by unit cost.
- Item 34. Enter certificate processing fee.
- Item 35. Enter insurance filing fee if applicable.
- Item 36. Add totals in items 33-35 and enter total remittance. Make check payable to Illinois Commerce Commission/TRF.
- Item 37. Read certifying statement. Sign application; enter your position/title and the date. Power of attorney is required if an agent signs the application.